

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificat Number Name of Filing		73 (11) (20)		port Filed 1ark X)	Ву	Candid	ate	Ship the ship of t	Committee		X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist Street Address			Tribut 1 to the second	Com m	ITTE	r	かむ	EZT	nA	hlare	FE	ENCY
				po 1	30x	/	0713			ENEW ELL		
City				ENIE		itate	PA	Z	ip Code	1151	16.0	713
Type of Report			Live at July and	A was part and a second		STATES ON	o minimum combine	35		1651	9-0	771)
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		h Tuesday Election	5- 2 nd l Pre- El	THE RESERVE	6-30 Day P Election	ost 7	'- Annual	Special 2 nd Pre-Election		Special 30 Day Post-Election
Date Of Election		11/12/201	Yea	r	200]	Amendmen	t	X	Termination	n	
(MM/DD/YYYY) 11/07/2017 Summary of Receipts and From Date				2017 Report			Report					
Expenditures		11/27/201	To Date					For	Office Use On	ily		
A. Amount Brou	ght Forward Fr	om Last Report	7	\$	31/20	7						
B. Total Moneta					0.00							
(From Schedule	()	o una necelpts			0.00					5		201
C. Total Funds Available (Sum of Lines A and B)			\$ 0.00				2018 JAN 19 ERIE C VOTER REC					
D. Total Expenditures (From Schedule III)			\$ 0.00			공유 프						
E. Ending Cash Balance			Ś			1202						
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received			\$	0.00			闫	3/2				
(From Schedule I G. Unpaid Debts	l) and Obligation									:		
(From Schedule I	V)	•	\$	39	18.1	9				5) 	00
Part 1- If this is a Co	mmittee report.	treasurer sign her	ro If t	his is a Cane	lidata san	vit Sect	0.1.					
i swear (or armin) ti	nat this report, in	icluding the attack	ned sc	hedules on	paper, is t	to the be	est of my know	e. ledge ar	nd belief tru	e, correct and o	complete	
Sworn to and subscr	Tarray	inis . C										
Kimbe	Alx A	alixan	1.			-	Signatu	e of Pe	rson Submit	ting report		-
1	gnature	- Currin	SUV				AI	<i>J</i> ∠ Pri	nted Name	S Au	my	<u> </u>
MYEALTHIOFER	ENNSY VANIA	21 201	9	. O		8	14			6-245	3	
NOTARIAL SE ly S. Alexander,		DAY YR.					a Code		Dayti	me Telephone I	Number	-
Lineal lor publication of the control of the contro	ort of a Candidat at to the best of	e's Authorized Co	ommit d beli	tee, candida	ate shall s	ign here	not violeted					L. 1333, NO.320) as
mended.	ATION OF MOTHS			, tins ponti	cui commi	ittee na	s not violated a	ny prov	isions of the	Act of June 3,	1937 (P.I	L. 1333, NO.320) as
worn to and subscri	bed before me th	nis . (2)					D	0	. /	151		
day of Quity 20 8				. 1			Na	ler	w 0.	See.	ney	
Signature & MYChi				- ,			Darl	ene		Feene	V	
My Commission expires 10 31 2016				, 1		8	4	Printe	d Name			
MO. DAY YR.						Area	Code		Daytime	COC 24 Telephone Nu	mber 3	8
									32 72			
MMONWEALTH C		ANIA										

Kimberly S. Alexander, Notary Public
City of Erie, Erie County
My Commission Expires Oct. 31, 2019
MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		AND THE PROPERTY OF THE PROPER	econolists to
	-01E-017-0		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
r-i compator			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			20.50,50
Contributions Possibled from Political Contributions			
Contributions Received from Political Committees (Part C)		\$	mitriuman
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	311177		NO PROPERTY.
Total for the reporting period	(4)	\$	TOTAL SANS
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Re Cover Page, Item B)	port	\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identificatio	n Number	The state of the s	e za a está de la respectación de como mortes		and the second of the second of the second of the second
SECTION SECTIO			CONTRACTOR CONTRACTOR AND A SECURITION OF THE PARTY OF THE PARTY.	sidere after the consideration there are to compone to buy a serie can be	Amount
Full Name of Co Committee	ontributing.			Date [MM/DD/YYYY] \$	COLUMN COLUMN TO SERVICE SERVI
House #	Street Address			Date [MM/DD/YYYY] \$	
City	200 200 200 200 200 E	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	intributing	[65000010]	SARREST CONTROL OF THE	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing	THE REAL PROPERTY AND ADDRESS OF THE PARTY O		Date [MM/DD/YYYY] \$	TO CONTROL OF THE PROPERTY OF
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Section and Section and Section 2015	State	Zip Code	Date [MM/DD/YYYY] \$	The state of the s
Full Name of Co Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	A CONTRACTOR OF THE CONTRACTOR
City	Total agent color assessment	State	Zip Code	Date [MM/DD/YYYY] \$	on the state of th
Full Name of Cor Committee	ntributing	A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T	1 of the state of	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	High state and the state and t
City		State	Zip Code	Date [MM/DD/YYYY] \$	NO SELECTION OF SE
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	A CONTRACTOR OF THE CONTRACTOR
House #	Street Address			Date [MM/DD/YYYY] \$	MORTH EXTERNAL PROPERTY.
City	[Marting of Education and Association	State	Zip Code	Date [MM/DD/YYYY] \$	SAN THEIR CO.

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Makes and the second enters are producted an electrical and electrical and the electrical electrical and electrical electrical and electrical e	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
House # Street Address	Date [MINI/DD/11/11]
	1 1 2 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
J. Sanctonian Co.	STATE OF THE PROPERTY OF THE P
	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MW/DD/11.11]
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
The second secon	Date [MM/DD/YYYY] \$
House # Street Address	Date [WW/DD/(1111]
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
Street Address	and the same and t
	Day INAM IND INDIVIDUAL
City State Zip Code	Date [MM/DD/YYYY] 5
	高

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	Collection (Collection) and provides about the common and collection of the	di papirante del propuesto di Papir Parti con a Papir Combina della 19 a Mallaccia e com		the same with the same of the
	TI NOVEMBER SERVED PROPERTY SPECIAL SERVED S	ing menang menangkan diangkan diangkan pengganan diangkan diangkan diangkan diangkan diangkan diangkan diangka Pengganan diangkan pengganan diangkan pengganan diangkan pengganan diangkan pengganan diangkan pengganan diang		discussions in the
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	ANNE POR DESCRIPTION OF THE STATE OF THE STA
House # Street Add	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		1	Date [MM/DD/YYYY] \$	
Contributing Committee			Date [MN//DD/] [11]	
House # Street Add	dress		Date [MM/DD/YYYY] \$	
City	State	-Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		ik hedrins i 165 metr. Mineraen Paul Ard Green Valle op 'en ster som alekse za derit de	Date [MM/DD/YYYY] \$	TO AND
House # Street Add			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		mandrid Nova (Calaba A. P. Calaba Selentanova (Calaba A.) (B. 1844 Nagazi and Selentanova (Calaba A. P. Calaba Nagazi and Selentanova (Calaba A.) (B. 1844	Date [MM/DD/YYYY] \$	ada punabelmant Hoppahy (iii) 134
House # Street Add	Iress		Date [MM/DD/YYYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add	lress	a	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] (\$	
Full Name of Contributing Committee		44.000	Date [MM/DD/YYYYY] \$	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

at SISTS through the SISTS of Manual	CONTRACTOR IN THE PROPERTY.		
Full Name of Contributor	MIN'S RING OF STRAINED SHIPPS		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		X	Occupation
Employer Mailing Address /			
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	l crata	7:	D. L. [FARA/DD/MANA]
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	NAMES OF THE PERSON OF THE PER	(Witten Switzenschaft)	Occupation
Employer Mailing Address / Principal Place of Business			1 City Money of American program 2 I
Full Name of Contributor		ANTALY THE STREET COURS AND AND AND ANTALY SEE	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address /			
Principal Place of Business	NAMES OF BUILDING STATES		La construction of the second
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	14.50 to 1		Occupation
Employer Mailing Address /			

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

House
State Zip Date [MM/DD/YYYY] S
Receipt Description Full Name Street Address
Full Name Street Address State Zip Date MM/DD/YYYY S Receipt Description Street Address House # Street Address State Zip Date MM/DD/YYYY S City State Zip Code Date MM/DD/YYYY S Code Cod
House # Street Address State Zip Date [MM/DD/YYYY] State Tip Code Co
City State Zip Date [MM/DD/YYYY] S
Receipt Description
House:# Street Address Zip Date: MM/DD/YYYY] State Zip Code
City State Zip Date:[MM/DD/YYYY] \$ Code
Code Code
Receipt Description
Full Name
House # Street Address City State 7 in Proceedings Address
Code
Receipt Description Full Name
House(#) Street Address
City State Zip Date [MM/DD/YYYY] 5
Receipt Description
iull Name
House #. Street Address
State Zip Date [MM/DD/YYYY)] \$ Code
Receipt Description

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification (Number:		neoniza	
L. Unitemized in kind contribut	MNSPERTIVE DEVANIES OF SE	0.00	Multiplination of the state of
TOTAL for the reporting period	(1)	\$	PA CESSIFER CONTRIBUTION
2 : NEKIND CONTRIBUTION STREETING	D VALUE OF \$50101 TO \$250	00 (H	ROMIRARITE)
TOTAL for the reporting period	(2)	\$	
3. IN KIND CONTRIBUTION RECEIVED	-VALUE OVER \$250:00 (FRQ)	AIPAR	TG)
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS (PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

JFiler identification Number:		adalas kang atahun dari satu ak ang kang kang kang kang kang kang ka	kanadi kan dan kepanggan dan dan dan penggan penggan penggan penggan penggan kanadi sebagai sebagai sebagai se	See public to constitute to
	TO STATE OF THE PARTY OF THE PA	renne mente de la company		Appraison to one
Full Name of Contributor			Date (MM/DD/YYYY) S	
	t Address		Date [MM/DD/YYYY] \$.	
City	State	Zip Code	Date [MM/DD/YYYYY] \$	
Description of Contribution				
Full Name of Contributor		de la companya de la	Date [MM/DD/YYYY] \$	
	t-Address		Date [MM/DD/YYYY] \$	
Gity Description of Contribution	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY)] \$	
	Address		Date (MM/DD/YYYY) \$	
Gity Description of Contribution	State	Zip:Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	
.Full Name of Contributor			Date [MM/DD/YYYY] \$	
	/Address		Date [MM/DD/YYYY] -\$	
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY) \$	
- Description of Contribution.			PP DOS - AD FOR TO POTT A STATE STATE OF A VIOLENCE OF A V	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

(Filed Identification Numbers)	
Full Name of Contributor.	Date [MM/DD/YYYY] S
House # Street Addiress	
	- Date (MM/DD/YYYYY) \$
Gitý Zip Code	Date [MM/DD/YYYYY] \$
lEmployer Name	Occupation
Employer Mailing Address // Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House# Street Address	Date [MM/DD/YYYY] \$5
City. State Zip Code	Date [MM/DD/YYYY]
Employer Name	Occupation.
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date (MM/DD/YYYY) \$
House # Street Address	Date [MM/DD/YYYY]
City State Zip Code	Date [MM/DD/YYYYY]
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House #. Street Address	Date [MM/DD/YYYY]
Zip Gode	Date [MM/DD/YYYY)] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Gontribution

Statement of Expenditures

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Filer Identification Number	The state of the s
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Publication of the second seco					
To:Whom Paids			A Control of the Cont	Date [MM/DD/YYYY)	\$
House#	Street Address			Description of Expenditu	re
iCity.		State	Zip Code	The second secon	
To Whom Paid				Date [MM/DD/YYYY]	\$ 2
	Street Address			Description of Expenditur	e
City		State	Zip Code		ett for at the control of a function of the control
To\Whom!Paid			india ampionista kasila 14.0 mililar produsi navis akkasilar neki carus	Date [MM/DD/YYYY)	
	Street Address			- Description of Expenditur	e = = = = = = = = = = = = = = = = = = =
City		State	Zip Gode		
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City		State	Zip Code	Indicated the traction of the second	
To/Whom Paid				Date [MM/DD/YYYY] = \$	
	Street Address			Description of Expenditur	<u>al</u>
City	NO TRANSPORTATION OF THE PROPERTY OF	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
	Street Address			Description of Expenditure	
Gity To Whom Paid		State	Zip Gode		
				Date [MM/DD/YYYY)] S	
	Street Address			Description of Expenditure	
City		State	Zip (Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
	treet Address		2£3	Description of Expenditure	
City		State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification (Number:

Name of Creditor	DARLENS	A FEENEY		Outstanding Balance of Debt
House # 3401 Stre	etiAddress STARE	5 m 66T	DATE DEBT NCURRED	398:79
Description of Debt	LOAN	FOR CAMPAIL	三年 クルし	
Name of Greditor			Carriera Cuesa mello di Vare de Carria de Carriera	Outstanding Balance of Debt
House III Stre	et/Address	State	DATE DEBT INCURRED [MM/DD/YYYY]	*
Description of Debt		-sidte	Zip Gode	
Name of Greditor	AND THE PERSON OF THE PERSON AND THE	all an artist and an artist to the above the con-	riante de Piesto Piestorio de Canto de Canto do Canto Ca	Outstanding Balance of Debt
House #. Stre	et Addréss	200420000	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City: Description of Debt	are containing from 1	State	Z p. Code	
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address	00.750.00 TC.	DATE DEBT INCURRED [MM/DD/YYYYY]	\$
Citý		State	Zip Code	
Description of Debt				
Name of Creditor		15	DATE DEBT INCURRED	Outstanding Balance of Debt
	et _/ Address	New York	[MM/DD/YYYY]	
City Description of Debt		State 2	Zip Gode	
Name of Greditor	ta anti-statulutusinin kanklinistati kanklinista kanklinis kanklinis kanklinis kanklinis kanklinis kanklinis k	og et mild ytte Nichole Prophylike Nichola (1997) och History	Tickette Christ Holderfold ACS Attributes Act Abyles to the transfer Australian active active and the second active activ	Outstanding Balance of Debt.
House# Stree	et Address	Minimately (DATE DEBTINGURRED [MM/DD/YYYY]	(\$)
City		State	Zip 'Code	
Description of Debt.				